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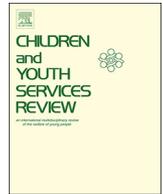
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Direct practice contact: Predicting frontline child welfare workers' time with clients

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ABSTRACT

Understanding how child welfare workers manage their time is an important area of study because of the critical role they play in the lives of vulnerable children and families and because the demands of the job have been indicated as a factor in high rates of undesired turnover. This research identifies worker, client, agency and societal factors that are predictive of the amount of time frontline workers spend in direct practice with their clients. The sample for this study was drawn from a multi-state survey of child welfare workers ($n = 3920$) in two jurisdictions. Respondents were included in the sample if they worked directly with children and families and had ongoing relationships with their clients in out-of-home care. The final sample consisted of 446 direct care workers. Structural equation modeling (SEM) indicated that a perceived culture of practice improvement moderated the relationship between frontline worker stress and time spent with clients. Additionally, satisfaction with supervision was predictive of both a culture of practice improvement and time spent with clients. Feelings of blame from society when a tragedy occurred was predictive of frontline worker stress, and higher levels of client trauma were predictive of less client contact. Implications for practice and suggestions for future study are discussed.

1. Introduction

At the heart of child welfare practice are frontline staff who work with children and families to achieve the key outcomes of safety, permanency and wellbeing; however, caseworkers must balance the need to spend time in direct contact with families with other job demands. Understanding how child welfare workers manage their time is an important area of study, not only because of the critical role they play in the lives of vulnerable children and families (Chapin Hall at the University of Chicago, 2014, 2018), but also because the demands of the job have been indicated as a factor in high rates of undesired turnover in the U.S. child welfare workforce (Ellett, 2009; Kim & Kao, 2014).

For over a decade, researchers have identified mounting demands of frontline child welfare practice that might diminish the time workers have to spend with their clients (Hornby Zeller Associates, 2012; Juby & Scannapieco, 2007; Morazes, Benton, Clark, & Jacquet, 2010; Yamatani, Engel, & Spjeldnes, 2009). Such research has not, however, explored specific factors that influence the actual amount of time workers spend working directly with the children and families on their caseloads. To address this gap in the literature, this study examines worker, client, agency, and societal factors that predict the time frontline child welfare workers spend in direct contact with clients. Understanding these dynamics can help child welfare leaders support

frontline workforce as they strive to serve vulnerable children and families.

1.1. Frontline worker responsibilities

Frontline workers have numerous tasks to ensure the safety and wellbeing of vulnerable children and families. While these workers spend time directly with clients to assess and monitor their cases, the majority of their time, in the range of 60–70%, is spent on other case-related tasks such as coordinating services, preparing for and appearing in court, and documenting cases (Child Welfare Information Gateway, 2016; Ellett, Ellis, Westbrook, & Dews, 2007; Wagner, Johnson, & Healy, 2009; Yamatani et al., 2009). Frontline child welfare workers also spend time in supervision, trainings, meetings, case reviews by Court Appointed Special Advocates (CASA), citizen review panels, foster care administrative case reviews, internal reviews, ad hoc committees created by legislative bodies, and, at times, the press (Blome & Steib, 2008; Child Welfare Information Gateway, 2016; Wagner et al., 2009; Yamatani et al., 2009).

As a result of external reviews imposed by legislative changes, time spent by workers on documentation has been on the rise (Juby & Scannapieco, 2007). Workers often view this increased documentation as repetitive, unnecessary, time-consuming and a source of undue stress (Schelbe, Radey, & Panisch, 2017). In addition, this excessive

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paperwork, while intended to ensure the wellbeing of clients, consumes time and energy which could otherwise be devoted to direct practice, which has been shown to improve client wellbeing (Gibson, Samuels & Pryce, 2018).

1.2. Time spent with clients

Frontline child welfare workers generally believe that the 20–35% of their time spent in direct client contact or collateral contact is not enough (Child Welfare Information Gateway, 2016; Yamatani et al., 2009). However, faced with competing demands on their time, these workers report that organizational pressures lead them to deprioritize this contact, which is incongruent with child welfare best practices (Smith & Donovan, 2003). In their research, Smith and Donovan (2003) found that while best practices and training encouraged child welfare workers to work closely with parents and engage in family-centered practice, in reality, competing demands often dictated what workers actually did on the job. This minimized client contact, particularly with parents whose goals were reunification (Smith & Donovan, 2003). In fact, typical working conditions of a frontline worker included limited resources, lack of time, and conflicting goals (Smith & Donovan, 2003). As a result, workers exercised discretion through coping mechanisms, one of which included *creaming* or identifying and working with those individual clients who had higher odds of success (Smith & Donovan, 2003).

Frontline workers are concerned about the quality of services that clients receive as a result of limited time in direct practice. In a qualitative study by Morazes et al. (2010), workers expressed feeling rushed when they were with clients, and they believed it impacted their work. One worker relayed not being able to “linger long enough with those families so that you could see them through connecting with services.” (p. 238). Another notable comment was that “people don’t get the services they need because you don’t have the time to give” (Morazes et al., 2010, p. 238).

1.3. Factors related to workloads

In the literature, time spent with clients falls under the umbrella of workload. Workload refers to “the amount of work required to successfully manage assigned cases and bring them to resolution.” (Child Welfare Information Gateway, 2016, p. 2). While little is known specifically about factors related to time spent with clients, more is known about workloads in general.

At the agency level, high rates of turnover have been predictive of increased workloads for remaining workers (Faller, Grabarek, & Ortega, 2010). Additionally, high paperwork demands result in reduced client contact which also has been associated with undesired turnover (Gomez, Travis, Ayers-Lopez, & Schwab, 2010). At the individual level, high workloads have been associated with feelings of stress, burnout, and intent to leave (Morazes et al., 2010). There appears to be an interplay of workforce-related issues that impact the day-to-day work of frontline workers in the field.

Agencies have utilized various approaches to address workload problems, particularly when workload studies find that there is insufficient time available for workers to complete casework assignments. These include increasing training and supervision, efforts to improve climate and culture in the workplace, reallocating staff positions, recruiting new staff, and creating additional positions (Child Welfare Information Gateway, 2016; Juby & Scannapieco, 2007). From a service delivery perspective, implementation of evidence-based practices, the support of prevention and early intervention programs, and the implementation of continuous quality improvement mechanisms have been utilized to help reduce the number of children and families entering the child welfare system and increase those exiting (Child Welfare Information Gateway, 2016).

2. Methods

Based on the literature review, the research question posed for this research was, “What worker, client, agency and societal factors are related to the amount of time workers spend in direct practice with children and families?” This study was approved by the Institutional Review Board of the research project’s home university.

2.1. Sample

Data for the current research comes from a multi-state survey of public child welfare workers as part of a workforce assessment in two jurisdictions participating in a workforce initiative. All child welfare workers in each locale, from frontline caseworkers to agency directors, were invited to voluntarily complete an online survey through a secure link. More than two-thirds (69%; $n = 2910$) consented to and completed the survey.

The sample for this research was drawn from the respondents to the above study. Respondents were included in the final sample if they identified as caseworkers who worked directly with children and families and currently had ongoing relationships with their clients (i.e., their jobs required intensive out-of-home contact with children and families). This resulted in a total analytic sample of 446 direct care workers in two jurisdictions.

2.2. Measures

Survey questions for this study asked participants to respond to a range of topics including demographics, how much direct contact workers had with children and families, perceptions about the learning culture in their agencies, how inclusive their agencies were, satisfaction with supervision, how they believed they were perceived by the public and those outside of child welfare, job stress, the physical environment in which they worked, secondary trauma, burnout, and client trauma.

Direct client contact was measured by asking respondents to indicate the percentage of their work, on average, that they spend on various tasks with the totality of tasks adding up to 100% of workers’ time. These tasks are defined in the survey and include direct contact with children and/or families (either face-to-face or by phone) as well as client related administrative work (i.e., case-related paperwork and reports); agency-related duties not directly related to clients (such as staff meetings and training); supervision (providing and/or receiving); and contact with external stakeholders. Learning culture was assessed by asking respondents a series of eleven questions including, “Staff strategize ways to improve practice.” Possible responses for each question ranged from 1 = Almost never to 5 = Almost always. Coefficient alpha for this scale for the total sample was 0.93.

Inclusivity was measured on a five-point Likert scale with statements such as, “At our agency, we continually explore ways to increase the effectiveness of services for people of different backgrounds and beliefs.” In this four-item scale, lower values indicated more disagreement (1 = Strongly disagree), and higher values indicated more agreement (5 = Strongly agree). Coefficient alpha for this scale for the total sample was 0.87.

Satisfaction with supervision was assessed with a mean score from the eight-item Satisfaction with Supervision and Frequency of Supervision scale developed by the Butler Institute for Families (2014). A sample item from this scale is, “How satisfied are you with the current quality of individual supervision?” with response options ranging from 1 = Very dissatisfied to 5 = Very satisfied on a Likert scale. Coefficient alpha for this scale for the total sample was 0.67.

Perceptions of child welfare were measured with the validated Public Perceptions of Child Welfare Scale (PCWS) (Auerbach et al., 2014; Auerbach, Zeitlin, Augsberger, Lawrence, & Claiborne, 2016; Lawrence, Zeitlin, Auerbach, Chakravarty, & Rienks, 2018). This scale measures four dimensions of how child welfare workers perceive those

outside the field view them using a five-point Likert scale. These subscales assess the stigma felt by workers, the nature of public child welfare work, respect felt by workers, and the blame workers feel when a child tragedy occurs. A sample item from the PCWS is, “Government officials only pay attention to our work when there is a serious incident.” In this scale, higher scores indicate more positive feelings.

Job stress was assessed with five questions from Texas Christian University's Job Stress Scale (TCU Institute of Behavioral Research, 2019). This instrument measures job stress on a five-point Likert scale with statements such as, “I have too many pressures to do my job effectively.” In this scale, lower values indicate more disagreement (1 = Strongly disagree) and higher values indicate more agreement (5 = Strongly agree). Therefore, higher values indicate higher levels of job stress.

Physical work environment measured workers' satisfaction through a series of 16 questions on a five-point Likert scale. These individual items assess safety at work and access to resources typically needed for child welfare work (e.g., space to meet with clients privately, internet access). In this scale, lower values indicated higher levels of satisfaction (New York Social Work Education Consortium, 2001). Coefficient alpha for this measure for the total sample was 0.89.

Burnout was measured with the validated Copenhagen Burnout Inventory (Kristensen, Borritz, Villadsen, & Christensen, 2005). This scale consists of three subscales: personal burnout, work-related burnout, and client-related burnout, and respondents are asked how frequently they experience feelings associated with burnout. Possible responses range from 1 = Never to 5 = Very often. A sample question from this scale is, “Do you feel you give more than you get back?” Therefore, higher scores indicated higher levels of burnout. Finally, client trauma was assessed by the single question, “To what extent is your client population traumatized?” Responses ranged from 1 = Not at all to 5 = Very severely. Coefficient alpha for the total sample was 0.94.

2.3. Model specification

Data for this study were analyzed with Stata 15.0 (StataCorp, 2017) and MPlus 8 (Muthen & Muthen, 2017). Initial analysis explored bivariate relationships between the outcome variable and potential predictors based upon contributors to workforce outcomes found in the literature. Predictors that had significant relationships with the outcome, work time spent in direct contact with clients, were considered for inclusion in the final structural equation model (SEM) to examine the best fitting model predictive of the outcome.

SEM can be used in several ways including to conduct confirmatory factor analysis (CFA), multiple regression, or both of these (Cuellar, Zeitlin, & Auerbach, 2018). In the current study, a single model with both CFA and multiple regression was developed. SEM is useful to confirm a priori models, test alternate models or to generate models. Model generation is the most commonly utilized application of SEM (Joreskog, 1993). Kline (2016) indicates that model discovery must meet three requirements: 1) the final model should be theoretically logical, 2) the model should be reasonably parsimonious, and 3) the model should statistically fit the data. The current research used SEM for model generation to find the best-fitting model that predicts the percentage of time that workers spent in direct contact with clients.

3. Results

3.1. Description of the sample

Demographic details of the sample, which are summarized in Table 1, are similar compared to other studies using multi-state samples (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008; Glisson & Green, 2011). This workforce is primarily female ($n = 372$; 90.51%) and White ($n = 375$; 90.80%). In terms of race, the second largest group identified as Black/African-American; however, this group was small at just over

Table 1
Characteristics of the sample.

Demographic	<i>n</i>	%	Median	Mean	<i>SD</i>
Gender					
Female	372	90.51			
Male	38	9.25			
Transgender	1	0.24			
Race					
White or Caucasian	375	90.80			
Black or African American	25	6.05			
Multiracial	6	1.25			
Other	4	0.97			
American Indian or Alaska Native	1	0.73			
Hispanic, Latino(a), or of Spanish origin					
Yes	11	2.70			
No	397	97.30			
First job in child welfare					
Yes	295	71.6			
No	117	28.40			
Social Work degree (BSW or MSW)					
Yes	87	21.01			
No	327	78.99			
Work in an urban area					
Urban	359	80.49			
Suburban or Rural	87	19.51			
Years in current job			2	3.10	4.19
Years at current agency			2	3.86	5.27
% of time working directly with children and families			35	35.51	14.20
Average number of families worked with at once			14	14.48	5.40

6% ($n = 25$). A majority of the child welfare workers ($n = 397$; 97.30%) did not identify Hispanic heritage.

For over 70% of the workers in the sample, their current job was their first in child welfare ($n = 295$; 71.6%), and, as is typical in other workforce studies, a majority of workers did not have a social work degree ($n = 327$; 78.99%). Eight in ten workers were employed in an urban setting ($n = 359$; 80.49%). Workers' length of time at both their agencies and jobs was, not surprisingly, relatively short with the median tenure in their jobs being 2 years (IQR = 4) and the median tenure at their agencies being 2 years (IQR = 4). On average, workers reported that they spent 35.51% of their time working directly with clients ($sd = 14.20$), and the mean number of families per caseload at any one time was 14.48 ($sd = 5.40$).

3.2. Bivariate analysis

A number of predictor variables were identified through calculations of Pearson's correlation coefficients. The results of these are displayed in Table 2.

All identified predictors had weak relationships to the outcome, time spent working directly with clients. In terms of positive relationships with the outcome, mean scores for the following variables indicated that, on average, workers believed these activities happened less than half of the time: staff sharing findings from conferences with others in the agency had a total mean score of 2.75 ($sd = 1.30$) ($r = 0.10$; $p \leq .05$), staff strategizing ways to improve practice had a mean score of 2.96 ($sd = 1.24$) ($r = 0.16$; $p \leq .01$), and staff seeking opportunities to learn new approaches had a mean score of 2.83 ($sd = 1.20$) ($r = 0.11$; $p \leq .05$). When asked how much they agreed with the statement, “At our agency, we continually explore ways to increase the effectiveness of services for people of different backgrounds and beliefs,” workers remained neutral with a mean score of 3.61 ($sd = 0.95$) ($r = 0.10$; $p \leq .05$). Additionally, workers were, on average, neutral when asked about their satisfaction with their physical safety in the field with a mean score of 3.13 ($sd = 0.99$) ($r = 0.12$; $p \leq .05$).

Table 2
Factors related to time working directly with client.

Variable	Descriptor	Mean	sd	r
LC3	Staff share findings from conferences and trainings with others in the agency	2.75	1.30	0.10 ⁺
LC5	Staff strategize ways to improve practice	2.96	1.24	0.16 [*]
LC6	Staff seek opportunities to learn new approaches	2.83	1.20	0.11 ⁺
I1	At our agency, we continually explore ways to increase the effectiveness of services for people of different backgrounds and beliefs	3.61	0.95	0.10 ⁺
ST1	I have too many pressures to do my job effectively	3.46	1.13	-0.12 [*]
CB117	Do you feel that you give more than you get back when you work with clients	3.63	1.00	-0.14 [*]
PE8r	Satisfaction with physical safety in the field	2.87	0.99	-0.12 ⁺
Cltraum	The extent to which your client population is traumatized	3.34	0.71	-0.15 [*]
Blame	The mean amount of blame felt when a child tragedy occurs	1.83	0.68	0.05
Super	Overall satisfaction with supervision	4.09	0.73	-0.07

* $p \leq .01$.
+ $0.01 < p \leq .05$.

A number of predictors had significant negative relationships to the outcome. When asked how much they agreed with the statement, “I have too many pressures to do my job effectively,” respondents, on average, indicated that their impressions were between neutral and agreement with a mean of 3.46 (sd = 1.13) ($r = -0.12$; $p \leq .01$). When asked about how often they feel that they give more than they get back when working with clients, a mean score of 3.63 (sd = 1.00) indicated that, on average, this feeling occurred occasionally to often ($r = -0.14$; $p \leq .01$). Finally, on average, respondents believed their client population was moderately to severely traumatized, with a mean score of 3.34 (sd = 0.71) ($r = -0.15$; $p \leq .01$). Two predictors, the blame subscale from the PCWS and overall satisfaction with supervision, were not significant predictors of time working directly with clients.

3.3. SEM results

The purpose of this analysis was to develop the best-fitting model to predict the time workers spend working directly with clients. The results of this are illustrated in Fig. 1, where circles represent latent constructs and rectangles indicate observed endogenous variables. Arrows going from latent constructs to observed variables indicate the

measurement, or CFA, portion of the SEM. Arrows going from observed variables to either other observed variables or latent variables indicate the regression portion of the CFA. The absence of a line connecting variables indicates no statistically significant direct effect at the $p \leq .05$ -level.

The overall X^2 is significant for this model ($X^2 = 75.52$; $df = 39$; $p = .00$); however, this is not unusual for sample sizes over 200 (Kline, 2016; Schumacker & Lomax, 2015). Tabachnik and Fidell (2007) suggest considering other fit statistics when sample sizes are large and $X^2/df < 2$. In this case, that ratio is 1.9, so other goodness-of-fit statistics were considered in assessing this model. The Root Mean Square Error of Approximation (RMSEA) for the developed model was 0.05 (90% CI: 0.03–0.06), the Comparative Fit Index (CFI) was 0.97, and the Tucker-Lewis Index (TLI) was 0.96. Generally accepted cutoff values for these indices are values less than or equal to 0.06 for the RMSEA and greater than or equal to 0.95 for both the CFI and TLI (Hu & Bentler, 1999). With this in mind, the developed model appears to fit the data well.

In this model, the CFA found that the latent variable *culture of practice improvement (copi)* was significantly predicted by four observed variables described in Table 2, and the latent variable *frontline worker stress (stress)* was significantly predicted by three observed variables described in Table 2. In the regression portion of the model, culture of

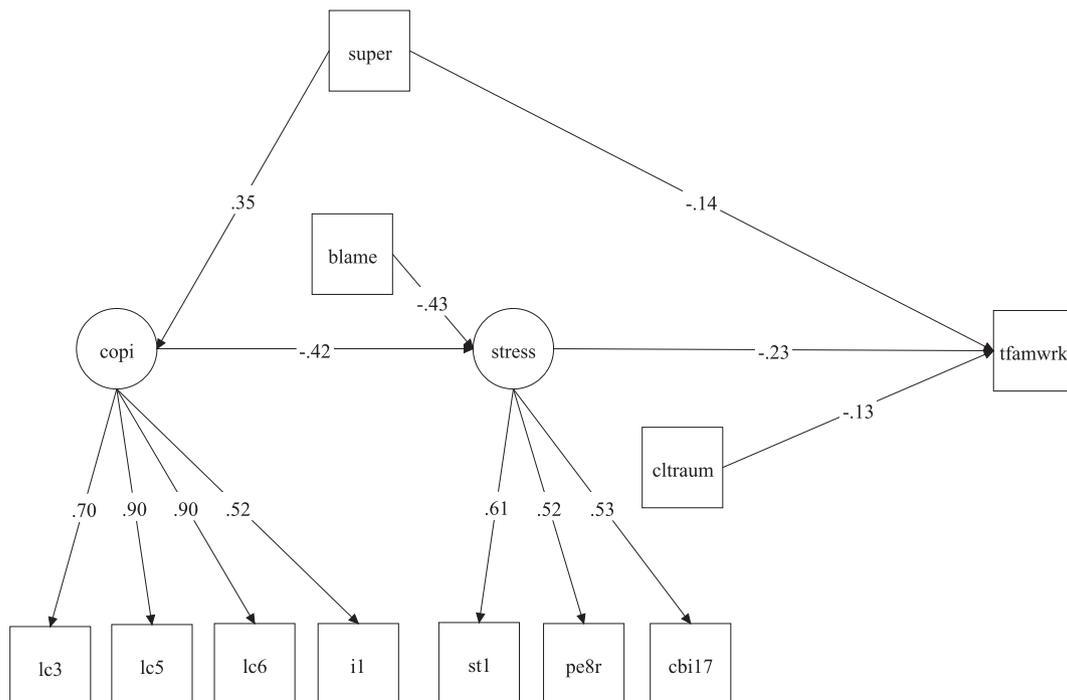


Fig. 1. Factors predicting time spent working directly with clients.

practice improvement moderated the relationship between frontline worker stress and the outcome of time spent in direct practice with clients (*tfamwrk*). The observed variable *overall satisfaction with supervision (super)* was significantly predictive of both culture of practice improvement and time spent in direct practice with clients. The observed variable *blame felt when a child tragedy occurs (blame)* was significantly predictive of frontline worker stress. Finally, *level of client trauma (cltraum)* was also significantly predictive of time spent in direct practice with clients.

3.4. Reliability of latent constructs

The CFA portion of the SEM resulted in the identification of two latent constructs, culture of practice improvement and frontline worker stress. To explore the reliability of these constructs further, coefficient alphas were computed for each. For the four items predictive of culture of practice improvement, coefficient alpha was 0.85, which is considered good (Gliem & Gliem, 2003). For the three items predictive of frontline worker stress, coefficient alpha was 0.57, which is considered questionable; however, constructs with fewer indicators tend to have lower reliability coefficients (Cortina, 1993; Gliem & Gliem, 2003).

4. Discussion

Findings from this research indicate that societal, agency, worker, and client factors are related to the practice-related outcome, time workers spend directly working with clients. At the societal level, blame was predictive of frontline worker stress, with a negative relationship between these. At the agency level, satisfaction with supervision was negatively related to the time spent with clients and positively related to a culture of practice improvement. Additionally, a culture of practice improvement was significantly and negatively related to frontline worker stress. At the worker level, frontline worker stress had a significant negative relationship to time spent with clients. Finally, at the client level, higher levels of trauma were significantly predictive of lower amounts of time working directly with clients.

While not studied much as an outcome previously, time spent in direct practice with clients is impacted by factors that relate to workforce issues such as commitment to the field and turnover intentions (Auerbach et al., 2016; Lawrence et al., 2018; Schudrich, Auerbach, Liu, Fernandes, & McGowan, 2012). The findings of this study, then, illustrate a complicated relationship between workforce issues at the societal, agency, worker, and client levels and the work actually done by workers in the field.

4.1. Culture of practice improvement

In this study, a culture of practice improvement was defined by variables labeled in Table 2 as LC3, LC5, LC6, and I1. This construct is similar to continuous quality improvement described in other research and undertaken as part of efforts to reduce workloads in child welfare (Child Welfare Information Gateway, 2016). Continuous improvement efforts have been assessed in a range of fields including the public sector (Wynen, Verhoest, Ongaro, van Thiel, & in cooperation with the COBRA network, 2014), healthcare (Lam & Robertson, 2012), and education (Snow, Dismuke, Zenkert, & Loffer, 2017). In these settings, overall continuous improvement has been related to organizational climate and culture (Destler, 2016; Lam & Robertson, 2012). More specifically in child welfare, Collins-Camargo, Shackelford, Kelly, and Martin-Galijatovic's (2011) findings were consistent with our own in that there is an interplay between aspects of organizational culture, in this case a culture of practice improvement, and worker-specific factors (e.g., frontline worker stress) that impact practice.

More generally, scholars have identified significant links between organizational culture (i.e., the expectations, norms and values that shape individual behavior) on the actual behavior of child welfare

workers (Agbényiga, 2009; Glisson & James, 2002; Shim, 2010). Additionally, scholars who study learning and knowledge within organizations, which align with the results of the CFA findings on culture of practice improvement in this research, posit that a culture of inter-professional learning can lead to positive outcomes for clients (Rashman, Withers, & Hartley, 2009).

4.2. Frontline worker stress

Job stress has been a frequently measured and well-studied construct in child welfare. The findings from this research identified three specific indicators of job stress that, together, may be uniquely relevant to frontline workers. For example, while many child welfare workers may feel that they have too many pressures to do their jobs effectively, that indicator, in combination with concerns about physical safety in the field and feeling like they give more than they get back, may be a role-specific measure of job stress among frontline workers. While reliability for this construct in our research was lower than desirable, future research should explore this idea further.

4.3. Implications for child welfare practice

While this research did not focus on the ideal amount of time frontline workers should be spending with clients, the literature suggests that most workers believe that the time they spend with clients is generally insufficient. The current research identifies new areas for improving this which have not been previously explored. Findings from this research can be used by child welfare administrators, who might want to increase workers' time spent with clients. Results from the SEM indicate that the factors that directly predict time spent with clients is job stress, level of client trauma, and satisfaction with supervision. Agencies seeking to change the amount of time workers spend directly with clients should consider introducing interventions designed to address these. For example, while it may not be possible to reduce client trauma, to maximize time workers spend with clients, it might be helpful, whenever possible, to evenly disperse case assignments across workers based, in part, on level of client trauma. Indirectly, the organization's culture of practice improvement, as operationalized by the indicators in the CFA portion of the model, is predictive of job stress. Similarly, the blame workers feel from those outside the child welfare system when a tragedy occurs is predictive of job stress. Agencies can also influence the amount of time workers spend directly with children and families, in this case, by addressing predictors of job stress. For instance, agencies seeking to reduce job stress and, as a result, increase the amount of time workers spend with children and families, could make efforts to reassure workers and insulate them from negative media accounts when a tragedy occurs.

The greatest predictor of frontline worker stress in this model was a culture of practice improvement. Indicators of that construct from this study provide opportunity to improve this culture, particularly since, on average, workers had neutral feelings about each of these indicators. Because of this, we believe this construct should be studied more, as it may provide an avenue for improving other workforce issues. Indicators of culture of practice improvement, illustrated in Table 2, could provide opportunities for change at little or no cost to agencies.

As well, it may be possible to alter frontline workers' assessments of their job stress by specifically addressing indicators found in this research, including increasing workers' feelings of safety in the field. Workplace violence is prevalent in public child welfare (Strolin-Goltzman, Kollar, Shea, Walcott, & Ward, 2016), and it comes with high physical, emotional, direct, and indirect costs for both the worker and the child welfare agencies (Kim & Hopkins, 2015). Providing resources to workers when they feel that their physical safety may be threatened in the field, such as sending another worker to accompany them in potentially unsafe conditions, may reduce feelings of job stress. Similarly, trying to insulate frontline workers from blame when a child

tragedy occurs, such as providing reassurance that the agency is on the side of workers, may also provide overall job stress relief for frontline workers. Efforts such as these may reduce job stress and, in turn, enable workers to spend more time with clients.

Finally, workers' satisfaction with supervision was predictive of both a culture of practice improvement and the time workers actually spend with clients. It is unclear why the relationship between satisfaction with supervision and the time workers spent with clients was negative in this research, and further study in this area is warranted. Prior research has indicated that quality of supervision and workers' satisfaction with this has been related to myriad workforce and practice outcomes including a positive organizational climate, overall job satisfaction, and intentions to remain employed (Barth et al., 2008; Chen & Scannapieco, 2010; Collins-Camargo & Roysse, 2010; Strand & Dore, 2009). Efforts to increase workers' satisfaction with supervision may also have implications for improving a culture of practice improvement.

4.4. Limitations

In the current research, we looked at predictors of time spent directly with clients for frontline workers whose job required them to have consistent and ongoing contact with children and families. Time spent with clients was determined by workers' estimations of the percentage of each workday spent in direct contact with clients, which is not a precise measure of how frontline workers spend their time. These findings are only applicable to workers in these types of roles. Therefore, we cannot generalize these research findings to child welfare workers who are not frontline workers (e.g., supervisors) or whose jobs require less intense or more sporadic contact with children and families.

Additionally, while this survey had an overall response rate of 69%, which is higher than the mean in survey research more generally, there is no way to know how non-respondents perceived any of the constructs measured in this study, including how much time they spend in direct practice with children and families (Baruch & Holtom, 2008). Therefore, we recommend replication of this research with a different sample to confirm results. We also recommend future research utilize tracking of hours in real time to increase the validity of frontline workers' reports of time spent working directly with children and families on their caseloads.

4.5. Conclusion

To date, there has been limited research examining factors impacting frontline child welfare workers' time spent with clients. This study identified societal, agency, worker, and client-related factors that, together, were predictive of workers' time spent with clients. As part of this, two latent constructs were identified: culture of practice improvement and frontline worker stress. Previous research indicated that the more time child welfare workers are able to spend in direct contact with clients, the more likely clients' needs will be better understood and adequately met. Therefore, further research should be done to identify optimal amounts of time that workers should spend with clients and how the factors identified in this research can be utilized to identify organizational-level changes that can be made to improve worker and client outcomes.

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